

2016 Rate Chart For Active Employees

Budgeted Positions at more than 20 hours per week

This Chart applies to all Employees whose positions are represented by any of the following units:

**GC Management; DC #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys;
SNC; Loc 510 IAM; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139;
Loc 61 Sanitation; ALEASP; Police Aides; Loc 494 FEDS; Loc 494 Electrical; MBCTC;**

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 271.48	\$ 37.02	\$ 74.04	\$ 363.00	\$ 271.48	\$ 91.52	\$ 183.04
Employee + Spouse	\$ 617.00	\$ 542.96	\$ 74.04	\$ 148.08	\$ 726.00	\$ 542.96	\$ 183.04	\$ 366.08
Employee + Child(ren)	\$ 463.00	\$ 407.44	\$ 55.56	\$ 111.12	\$ 544.50	\$ 407.44	\$ 137.06	\$ 274.12
Family	\$ 925.50	\$ 814.44	\$ 111.06	\$ 222.12	\$1,089.00	\$ 814.44	\$ 274.56	\$ 549.12

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 12.86	\$ 6.50	\$ 6.36	\$ 12.72	\$ 44.44	\$ 18.75	\$ 25.69	\$ 51.38
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.01	\$ 18.75	\$ 52.26	\$ 104.52
DentalBlue	\$ 28.88	\$ 6.50	\$ 22.38	\$ 44.76	\$ 86.65	\$ 18.75	\$ 67.90	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 RATE CHART FOR ACTIVE AGENCY EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

HACM, RACM, MEDC & WCD EMPLOYEES**EMPLOYEE RATE INFORMATION**

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 271.48	\$ 37.02	\$ 74.04	\$ 363.00	\$ 271.48	\$ 91.52	\$ 183.04
Employee + Spouse	\$ 617.00	\$ 542.96	\$ 74.04	\$ 148.08	\$ 726.00	\$ 542.96	\$ 183.04	\$ 366.08
Employee + Child(ren)	\$ 463.00	\$ 407.44	\$ 55.56	\$ 111.12	\$ 544.50	\$ 407.44	\$ 137.06	\$ 274.12
Family	\$ 925.50	\$ 814.44	\$ 111.06	\$ 222.12	\$ 1,089.00	\$ 814.44	\$ 274.56	\$ 549.12

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 12.86	\$ 6.50	\$ 6.36	\$ 12.72	\$ 44.44	\$ 18.75	\$ 25.69	\$ 51.38
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.01	\$ 18.75	\$ 52.26	\$ 104.52
DentalBlue	\$ 28.88	\$ 6.50	\$ 22.38	\$ 44.76	\$ 86.65	\$ 18.75	\$ 67.90	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 MONTHLY RATE CHART FOR ACTIVE AGENCY EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

HACM, RACM, MEDC & WCD EMPLOYEES

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)			UHC CHOICE PLUS PLAN (PPO)		
	UHC Monthly Premium	City Share Monthly	Employee Monthly Rate	UHC Monthly Premium	City Share Monthly	Employee Monthly Rate
Single	\$ 617.00	\$ 542.96	\$ 74.04	\$ 726.00	\$ 542.96	\$ 183.04
Employee + Spouse	\$ 1,234.00	\$ 1,085.92	\$ 148.08	\$ 1,452.00	\$ 1,085.92	\$ 366.08
Employee + Child(ren)	\$ 926.00	\$ 814.88	\$ 111.12	\$ 1,089.00	\$ 814.88	\$ 274.12
Family	\$ 1,851.00	\$ 1,628.88	\$ 222.12	\$ 2,178.00	\$ 1,628.88	\$ 549.12

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE Monthly Premium	City Share Monthly	Single Employee Monthly Rate	FAMILY Monthly Premium	City Share Monthly	Family Employee Monthly Rate
MetLife	\$ 25.72	\$ 13.00	\$ 12.72	\$ 88.88	\$ 37.50	\$ 51.38
Care-Plus	\$ 48.20	\$ 13.00	\$ 35.20	\$ 142.02	\$ 37.50	\$ 104.52
DentalBlue	\$ 57.76	\$ 13.00	\$ 44.76	\$ 173.30	\$ 37.50	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance

2016 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Professional Fire Fighters' Assc - Loc 215; Sworn Fire Management

EMPLOYEE RATE INFORMATION*

***(Rate subject to change in negotiations)**

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 15.43	\$ 6.50	\$ 8.93	\$ 17.86	\$ 44.19	\$ 18.75	\$ 25.44	\$ 50.88
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.01	\$ 18.75	\$ 52.26	\$ 104.52
DentalBlue	\$ 28.88	\$ 6.50	\$ 22.38	\$ 44.76	\$ 86.65	\$ 18.75	\$ 67.90	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Police Association (MPA)

MPA EMPLOYEE RATE INFORMATION*

***(Rate subject to change in negotiations)**

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 15.47	\$ 6.50	\$ 8.97	\$ 17.94	\$ 47.07	\$ 18.75	\$ 28.32	\$ 56.64
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.01	\$ 18.75	\$ 52.26	\$ 104.52
DentalBlue	\$ 28.88	\$ 6.50	\$ 22.38	\$ 44.76	\$ 86.65	\$ 18.75	\$ 67.90	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Police Supervisors Organization (MPSO); Sworn Police Management

EMPLOYEE RATE INFORMATION*

***(Rate subject to change in negotiations)**

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2016 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 15.47	\$ 6.50	\$ 8.97	\$ 17.94	\$ 47.07	\$ 18.75	\$ 28.32	\$ 56.64
Care-Plus	\$ 24.10	\$ 6.50	\$ 17.60	\$ 35.20	\$ 71.01	\$ 18.75	\$ 52.26	\$ 104.52
DentalBlue	\$ 28.88	\$ 6.50	\$ 22.38	\$ 44.76	\$ 86.65	\$ 18.75	\$ 67.90	\$ 135.80

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 RATE CHART FOR ACTIVE LBE EMPLOYEES**Limited Benefit Employees (LBE) = Budgeted Positions at Half Time (20 hours per week)**

This Chart applies to all employees whose positions are represented by any of the following units:

**GC Management; NMNR; ALEASP (Clerical); Police Service Specialist (ALEASP); DC #48; MBCTC;
TEAM; Assc of Scient Pers; Assc of Muni Atty; SNC; Loc 139; Loc 61 Sanitation;
Loc 195 Bridge Operators; Loc 78 Plumbers; Loc 494 Mach Shop; Loc 510 IAM; Loc 494 Electrical**

(Seasonal employees are not eligible for City dental coverage)

HEALTH PLAN "LBE EMPLOYEE RATE" COMPUTATION

For 2016, the City will contribute 75% of the Single Premium and 60% of the Family Premium of the lowest cost plan.

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 LBE Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	Single Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	Family Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 231.38	\$ 77.12	\$ 154.24	\$ 363.00	\$ 231.38	\$ 131.62	\$ 263.24
Employee + Spouse	\$ 617.00	\$ 370.20	\$ 246.80	\$ 493.60	\$ 726.00	\$ 370.20	\$ 355.80	\$ 711.60
Employee + Child(ren)	\$ 463.00	\$ 277.80	\$ 185.20	\$ 370.40	\$ 544.50	\$ 277.80	\$ 266.70	\$ 533.40
Family	\$ 925.50	\$ 555.30	\$ 370.20	\$ 740.40	\$ 1,089.00	\$ 555.30	\$ 533.70	\$ 1,067.40

2016 LBE Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 12.86	\$ 3.25	\$ 9.61	\$ 19.22	\$ 44.44	\$ 9.38	\$ 35.06	\$ 70.12
Care-Plus	\$ 24.10	\$ 3.25	\$ 20.85	\$ 41.70	\$ 71.01	\$ 9.38	\$ 61.63	\$ 123.26
DentalBlue	\$ 28.88	\$ 3.25	\$ 25.63	\$ 51.26	\$ 86.65	\$ 9.38	\$ 77.27	\$ 154.54

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2016 RATE CHART FOR ACTIVE CITY LABORERS

This Chart applies to all employees whose positions are represented by any of the following units:

CITY LABORERS - HEALTH BENEFIT ONLY

(Non-Benefit City Laborers are not eligible for dental coverage)

HEALTH PLAN CITY LABORER RATE COMPUTATION

For 2016, the City will contribute 75% of the Single Premium and 60% of the Family Premium of the lowest cost plan.
For 2016, the City Laborer will contribute 25% of the Single Premium and 40% of the Family Premium of the lowest cost plan.

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 City Laborer HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	Single Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	Family Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 231.38	\$ 77.12	\$ 154.24	\$ 363.00	\$ 231.38	\$ 131.62	\$ 263.24
Employee + Spouse	\$ 617.00	\$ 370.20	\$ 246.80	\$ 493.60	\$ 726.00	\$ 370.20	\$ 355.80	\$ 711.60
Employee + Child(ren)	\$ 463.00	\$ 277.80	\$ 185.20	\$ 370.40	\$ 544.50	\$ 277.80	\$ 266.70	\$ 533.40
Family	\$ 925.50	\$ 555.30	\$ 370.20	\$ 740.40	\$ 1,089.00	\$ 555.30	\$ 533.70	\$ 1,067.40

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

City of Milwaukee
DER/Employee Benefits Division
Full Premium Rates (100%)

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00

2016 COBRA DENTAL PREMIUM RATES			
	MetLife	CAREPLUS	DENTALBLUE
General City Dental			
Single	\$ 25.72	\$ 48.20	\$ 57.76
Family	\$ 88.88	\$ 142.02	\$ 173.30

City of Milwaukee
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$629.34	\$740.52
Employee + Spouse	\$1,258.68	\$1,481.04
Employee + Child(ren)	\$944.52	\$1,110.78
Family	\$1,888.02	\$2,221.56

2016 COBRA DENTAL PREMIUM RATES			
	MetLife	CAREPLUS	DENTALBLUE
General City Dental			
Single	\$26.24	\$49.17	\$58.92
Family	\$90.66	\$144.87	\$176.77

2016 COBRA HEALTH PREMIUM RATES**Disability Retirees**

	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00
Rates include a 50% Admin Fee		

2016 COBRA DENTAL PREMIUM RATES

	MetLife	CAREPLUS	DENTALBLUE
General City Dental			
Single	\$38.58	\$72.30	\$86.64
Family	\$133.32	\$213.03	\$259.95
Rates include a 50% Admin Fee			

12/4/2015

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

COBRA DISABILITY EXTENSION RATES

2016 COBRA HEALTH DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00

2016 COBRA DENTAL DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	MetLife Dental	CarePlus Dental	DentalBlue
GENERAL CITY			
Single	\$38.58	\$72.30	\$86.64
Family	\$133.32	\$213.03	\$259.95

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.

City of Milwaukee - POLICE
DER/Employee Benefits Division
Full Premium Rates (100%)

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00

2016 COBRA DENTAL PREMIUM RATES			
	MetLife	CAREPLUS	DENTALBLUE
Police Dental			
Single	\$ 30.94	\$ 48.20	\$ 57.76
Family	\$ 94.14	\$ 142.02	\$ 173.30

City of Milwaukee - POLICE
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$629.34	\$740.52
Employee + Spouse	\$1,258.68	\$1,481.04
Employee + Child(ren)	\$944.52	\$1,110.78
Family	\$1,888.02	\$2,221.56

2016 COBRA DENTAL PREMIUM RATES

	MetLife	CAREPLUS	DENTALBLUE
Police Dental			
Single	\$31.56	\$49.17	\$58.92
Family	\$96.03	\$144.87	\$176.77

2016 COBRA HEALTH PREMIUM RATES**POLICE Disability Retirees**

	Rate (EPO)	UHC Choice
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00
Rates include a 50% Admin Fee		

2016 POLICE COBRA DENTAL PREMIUM RATES

	MetLife	CAREPLUS	DENTALBLUE
Police Dental			
Single	\$46.41	\$72.30	\$86.64
Family	\$141.21	\$213.03	\$259.95
Rates include a 50% Admin Fee			

12/4/2015

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

POLICE COBRA DISABILITY EXTENSION RATES

2016 COBRA HEALTH DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00

2016 COBRA DENTAL DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	MetLife Dental	CarePlus Dental	DentalBlue
P O L I C E			
Single	\$46.41	\$72.30	\$86.64
Family	\$141.21	\$213.03	\$259.95

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.

City of Milwaukee - FIRE
DER/Employee Benefits Division
Full Premium Rates (100%)

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00

2016 COBRA DENTAL PREMIUM RATES			
	MetLife	CAREPLUS	DENTALBLUE
Fire Dental			
Single	\$ 30.86	\$ 48.20	\$ 57.76
Family	\$ 88.38	\$ 142.02	\$ 173.30

City of Milwaukee - FIRE
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2016 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$629.34	\$740.52
Employee + Spouse	\$1,258.68	\$1,481.04
Employee + Child(ren)	\$944.52	\$1,110.78
Family	\$1,888.02	\$2,221.56

2016 COBRA DENTAL PREMIUM RATES

	MetLife	CAREPLUS	DENTALBLUE
FIRE Dental			
Single	\$31.48	\$49.17	\$58.92
Family	\$90.15	\$144.87	\$176.77

2016 COBRA HEALTH PREMIUM RATES

FIRE Disability Retirees

	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00
Rates include a 50% Admin Fee		

2016 FIRE COBRA DENTAL PREMIUM RATES

	MetLife	CAREPLUS	DENTALBLUE
FIRE Dental			
Single	\$46.29	\$72.30	\$86.64
Family	\$132.57	\$213.03	\$259.95
Rates include a 50% Admin Fee			

12/4/2015

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

FIRE COBRA DISABILITY EXTENSION RATES

2016 COBRA HEALTH DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$925.50	\$1,089.00
Employee + Spouse	\$1,851.00	\$2,178.00
Employee + Child(ren)	\$1,389.00	\$1,633.50
Family	\$2,776.50	\$3,267.00

2016 COBRA DENTAL DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	MetLife Dental	CarePlus Dental	DentalBlue
FIRE			
Single	\$46.29	\$72.30	\$86.64
Family	\$132.57	\$213.03	\$259.95

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.